

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

State File No. 43818  
Registrar's No. 11875

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 43818		Registrar's No. 11875			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 weeks</b>		c. CITY OR TOWN <b>Granite City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				STREET ADDRESS (If rural, give location) <b>2932 Tayuga avenue</b> <i>81208</i>							
3. NAME OF DECEASED (Type or Print) <b>LEORA</b>			a. (First)		b. (Middle)		c. (Last) <b>MACKLIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-28-54</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>12-12-1908</b>		9. AGE (In years last birthday) <b>46</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Dress company</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Willisville, Ill.</b>			12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Jasper Williams</b>				13b. MOTHER'S MAIDEN NAME <b>unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Tracy Macklin</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Tracy Macklin, Granite City, Ill.</b> ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA TOSIS</b>											
INTERVAL BETWEEN ONSET AND DEATH											
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
DUE TO (b) <b>CARCINOMA OF CERVIX</b>											
DUE TO (c)											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW, DID INJURY OCCUR? <b>17K</b>							
22. I hereby certify that I attended the deceased from <b>2-16</b> , 19 <b>54</b> , to <b>12-28</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>12-28</b> , 19 <b>54</b> , and that death occurred at <b>9:17 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>James Cunningham M.D.</b>				23b. ADDRESS <b>Jewish Hospital</b>				23c. DATE SIGNED <b>12-29-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>12-29-54</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Madison, Ill.</b>					
DATE REC'D BY LOCAL REG. <b>DEC 29 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Francis Lahey, Madison, Ill.</b> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.